

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

2660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| Ching Bistro  Establishment Address (amber and street, city, state, sip code)  3003 Christian Unit (Switch)  Owner's Address  Di Chri  Responsible Person's E-mail  Responsible Person's E-mail  Certified Food Manager  - Certifi | Establishment Name   |   |  |                        | Telephone Number          | Date of Inspection PERMIT # |             | PERMIT #      |  |
|--|--|---|--|------------------------|---------------------------|-----------------------------|-------------|---------------|--|
| Establishment Address (number and street, city, state, 2p code)  3003 Charlyshan Casting Way (Sink A)  Owner's Address  1. Routine  2. Pollow-up Compilate  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)  1. 2 3 4 X 5  Certified Food Manager  - Certified Food Manage | l Chi  | ina [   | Sist   | ro                     | 812 948 5855              | (mm/dd/yr)                  |             |               |  |
| Owner Cooperations Page (Sine R)  Person to Darge Lin (Comptaint)  Person to Darge (Comptaint)  Person to Darge Lin (Comptaint)  Person to Darge Lin (Comptaint)  Person to Darge Lin (Comptaint)  Person to Darge (Bio)  Person to Darge Lin (Comptaint)  Person to Dar |  |   |  |                        | 1                         | 19/4                        |             | 14-4          |  |
| Owner's Address  1. Routine 1. Routine 2. Fellow-up Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) 1   | 3003   | Charles   | han  | Crossing Was (Swite A) |                           | ' '                         | •           | 52            |  |
| Orther's Address    Person in Charges   Complaint   C. Properational   | Owner  |   |  |                        | Purpose:                  | Follow-u                    | p Releas    | se Date       |  |
| Person in Charge  Complaint  4. Pre-Operational  5. Temporary  6. HACCP  7. Other (list)  1 2 3 4 X 5  Certified Food Manager  Certified Food Manager  7. Other (list)  1 2 3 4 X 5  Certified Food Manager  Certified Food Manager  Certified Food Manager  7. Other (list)  1 2 3 4 X 5  Menu Type (Sone back of page)  6. HACCP  7. Other (list)  1 2 3 4 X 5  Menu Type (Sone back of page)  1 2 3 4 X 5  Menu Type (Sone back of page)  1 2 3 4 X 5  Menu Type (Sone back of page)  1 2 3 4 X 5  Menu Type (Sone back of page)  1 2 3 4 X 5  To the Clist)  1 2 3 4 X 5  To Be Corrected By  1 3 4 X 5  To Be Corrected By  1 4 1 4 X 5  To Be Corrected By  1 5 4 X 5  To Be Corrected By  1 2 3 4 X 5  To Be Corrected By  1 3 4 X 5  To Be Corrected By  1 4 1 4 X 5  To Be Corrected By  1 5 4 X 5  To Be Corrected By  1 5 4 X 5  To Be Corrected By  1 5 4 X 5  To Be Corrected By  1 5 4 X 5  To Be Corrected By  1 5 4 X 5  To Be Corrected By  1 5 4 X 5  To Be Corrected By  1 5 4 X 5  To Be Corrected By  1 5 4 X 5  To Be Corrected By  1 6 X 5 X 5  To Be Corrected By  1 7 X 5 X 5  To Be Corrected By  1 8 X | I Sm I   | Di Chi  |  |                        | 1. Routine                | No                          | 10          | Lays          |  |
| Person in Carge  A. Pre-Operational S. Temporary 6. HACCP 7. Other (list)  - Certified Food Manager  - Certified Food Mana | Owner's A  | ddress  |  |                        | 2. Follow-up              | Summary of Violations:      |             |               |  |
| Person in Carge  A. Pre-Operational S. Temporary 6. HACCP 7. Other (list)  - Certified Food Manager  - Certified Food Mana |  |   |  |                        | . Complaint               |                             |             |               |  |
| Responsible Person's E-mail  Responsible Person's E-mail  Certified Food Manager  - CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  - VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SCMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section# CINC R  Narrative  To Be Corrected By  Discussed out finger and bandage.  Plus for proclasse finger and bandages.  Received by (name and title printed):  All condaminded product and finger in our discount of the printed):  Received by (signature):  Inspected by (signature):  Inspected by (signature):  Ag  Inspected by (signature):  Inspected by (signature):  Inspected by (signature):  Ag  Inspected by (signature):  Ag  Inspected by (signature):  Ag  Inspected by (signature):  Ag  Inspected by (signature):  Inspected by (signature):  Inspected by (signature):  Ag  Inspected by (signature):  Ag  Inspected by (signature):  Inspected | Person in  | harge   | <u> </u>   |                        |                           | C NC R                      |             |               |  |
| Responsible Person's E-mail  6. HACCP 7. Other (list)  1 2 3 4 X 5  **CERTICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  **VIOLATION(S) REFEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  **Section#**  C/NC R  Narrative  To Be Corrected By  Placessed of Fages and bandage.  Placessed of Fages and bandage.  Procedure  Received by (name and title printed):  All confinement of product and fry ail were discorded  Received by (name and title printed):  MALL Confinement of product and fry ail were discorded  Received by (signature):  Neceived by (signature):  Inspected by (signature):  | Sm 1   | <i>); ()</i>                                      | ni_  | -                      | <u> </u>                  |                             |             |               |  |
| Certified Food Manager  7. Other (list)  1 2 3 4 X 5  • CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED +C"  • VIOLATION(S) REFEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section# C/NC R  Narrative  To Be Corrected By  Discussed out Finger and bandage.  Plus on the highest of bandage.  Pice for product of bandage, glove, glove procedure.  All contained product and fry ail were discarded.  Received by (name and title printed):  (FM)  Received by (signature):  Inspected by (signature):  Inspected by (signature):  Inspected by (signature):   | Responsible  | e Person's  | E-ma   | il.                    |                           | e (See back                 | of page)    |               |  |
| **CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  **VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section# C/NC R  **Discussed out Finger and bandage.**  **Place of processed out Finger and bandage.**  **Place of processed out Finger and bandage.**  **Place of processed out Finger out bandages.**  **Place out Finger out Fing |  |   |  | <u> </u>               |                           | ]                           |             |               |  |
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| - VIOLATION(S) REFEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"  Section# C/NC R Narrative To Be Corrected By  Discussed cut Finger and bandage.  Parietal establishant's First aid kit and advised  PIC to prechase Finger cut bandages.  Purietal bandage, glove, glove procedure.  All contaminated product and fing ail were discorted  Received by (name and title printed):  (EMS)  Received by (signature):  Inspected by (signature):  Inspected by (signature):  |  |   |  |                        | <u> </u>                  | <u></u>                     | <del></del> |               |  |
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| Received by (name and title printed):  Received by (signature):  Reviewed eshablishment's first aid kit and advised  PIC fe purchase finger cut bandages.  Proceeding in proceeding.  Proceeding in proceeding.  Proceeding in proceeding in the printed in p | Section#   | C/NC  | R  | Narrative              |                           |                             | To Be Co    | orrected By   |  |
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| Pic to prichase finger cut bandages.  Received by (name and title printed):  (May 1)  Received by (signature):  Received by (signature):  Inspected by (signature):  (A)  Inspected by (signature):  (A)  Inspected by (signature):  (EHS)   |  | Viscossez out tings and bondage.                  |  |                        |                           |                             |             |               |  |
| Pic to prichase finger cut bandages.  Received by (name and title printed):  (May 1)  Received by (signature):  Received by (signature):  Inspected by (signature):  (A)  Inspected by (signature):  (A)  Inspected by (signature):  (EHS)   | <b></b>  |   |  |                        |                           |                             |             |               |  |
| Received by (signature):  Reviewed bandage, glove, glove procedure.  All continued product and fry ail were discorded  Inspected by (name and title printed):  A.). Inspected by (signature):  Ay  |  | Periened establishmet's first aid Kit and advised |  |                        |                           |                             |             |               |  |
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